

County: Milwaukee  
SOUTH SHORE MANOR  
1915 EAST TRIPOLI AVENUE

Facility ID: 8240

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ST FRANCIS 53235 Phone: (414) 483-3611

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 34

Total Licensed Bed Capacity (12/31/00): 34

Number of Residents on 12/31/00: 34

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census:

Corporation

Skilled

No

Yes

34

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		26.5
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		23.5
Day Services	No	Mental Illness (Org./Psy)	76.5	65 - 74	2.9			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	38.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	17.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	14.7	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	0.0	-----	-----	RNs		11.8
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		8.2
Other Services	No	Respiratory	2.9	-----	-----	Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	5.9	Male	20.6	Aides & Orderlies		39.1
Mentally Ill	No		-----	Female	79.4			
Provide Day Programming for			100.0	-----	-----			
Developmentally Disabled	No				100.0			

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Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	2	100.0	\$210.93	21	95.5	\$101.81	0	0.0	\$0.00	10	100.0	\$159.32	0	0.0	\$0.00	33	97.1%
Intermediate	---	---	---	1	4.5	\$85.77	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2.9%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		22	100.0		0	0.0		10	100.0		0	0.0		34	100.0%

## SOUTH SHORE MANOR

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	0.0	Daily Living (ADL)				
Private Home/With Home Health	0.0	Bathing	0.0	52.9	47.1	34
Other Nursing Homes	6.5	Dressing	5.9	52.9	41.2	34
Acute Care Hospitals	90.3	Transferring	32.4	44.1	23.5	34
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	20.6	38.2	41.2	34
Rehabilitation Hospitals	0.0	Eating	44.1	44.1	11.8	34
Other Locations	3.2	*****				
Total Number of Admissions	31	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		5.9	Receiving Respiratory Care	8.8
Private Home/No Home Health	6.7	Occ/Freq. Incontinent of Bladder	47.1		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	6.7	Occ/Freq. Incontinent of Bowel	32.4		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	2.9
Acute Care Hospitals	53.3	Mobility			Receiving Tube Feeding	5.9
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained		2.9	Receiving Mechanically Altered Diets	35.3
Rehabilitation Hospitals	0.0					
Other Locations	3.3	Skin Care			Other Resident Characteristics	
Deaths	30.0	With Pressure Sores		2.9	Have Advance Directives	91.2
Total Number of Discharges		With Rashes		0.0	Medications	
(Including Deaths)	30				Receiving Psychoactive Drugs	64.7

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## Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities &amp; Compared to All Facilities

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	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			Under 50		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	74.6	1.34	74.2	1.35	81.9	1.22	84.5	1.18
Current Residents from In-County	97.1	84.4	1.15	85.6	1.13	85.6	1.13	77.5	1.25
Admissions from In-County, Still Residing	29.0	20.4	1.43	30.4	0.96	23.4	1.24	21.5	1.35
Admissions/Average Daily Census	91.2	164.5	0.55	95.0	0.96	138.2	0.66	124.3	0.73
Discharges/Average Daily Census	88.2	165.9	0.53	103.0	0.86	139.8	0.63	126.1	0.70
Discharges To Private Residence/Average Daily Census	11.8	62.0	0.19	8.0	1.48	48.1	0.24	49.9	0.24
Residents Receiving Skilled Care	97.1	89.8	1.08	73.4	1.32	89.7	1.08	83.3	1.16
Residents Aged 65 and Older	100	87.9	1.14	96.3	1.04	92.1	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	64.7	71.9	0.90	50.5	1.28	65.5	0.99	69.0	0.94
Private Pay Funded Residents	29.4	15.0	1.96	45.2	0.65	24.5	1.20	22.6	1.30
Developmentally Disabled Residents	0.0	1.3	0.00	0.0	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	76.5	31.7	2.41	52.7	1.45	31.5	2.43	33.3	2.29
General Medical Service Residents	5.9	19.7	0.30	8.0	0.74	21.6	0.27	18.4	0.32
Impaired ADL (Mean)	57.1	50.9	1.12	51.9	1.10	50.5	1.13	49.4	1.16
Psychological Problems	64.7	52.0	1.25	36.7	1.76	49.2	1.32	50.1	1.29
Nursing Care Required (Mean)	7.0	7.5	0.93	6.4	1.08	7.0	0.99	7.2	0.98